

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/552030	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
2		/					
3		/					
4	/						
5		/					
6		/					
7		/					
8		/					
9		/					
10	/						
11		/					
12	/						
13		/					
14	/						
15		/					
16	/						
17	/						
18	/						
19		/					
20	/						
21		/					
22		/					
23		/					
24		/					
25		/					
26		/					
27		/					
28		/					
29		/					
30		/					
31		/					
32		/					
33		/					
34		/					
35		/					
36		/					
37		/					
38		/					
39		/					
40		/					
41	/						
42		/					
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.	82		↓		↓		↓
TOTAL DEP.	40	←		←		←	
TOTAL CLAIMS	42						
100							
TOTAL IND.			↓		↓		↓
TOTAL DEP.		←		←		←	
TOTAL CLAIMS							